

APPENDIX E

OFFER FORM OF-1

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Organization Name: _____

Location of Home Office: _____

Location of Honolulu Office (if any): _____

Primary Contact: _____

Address: _____

City/State/Zip: _____

Telephone: _____ FAX: _____

The undersigned proposes to provide and/or administer health and other benefit plans of the Hawaii Employer-Union Health Benefit Trust Fund's ("EUTF") as set forth in this proposal, all in strict compliance with the specifications, terms, and conditions set forth in RFP No. 07-001, and any modifications, amendments, and addenda issued to that RFP.

The undersigned states that he or she has carefully read and understands the terms and conditions of the proposed contract and agrees that the EUTF reserves the right to cancel the RFP, or reject any or all proposals, or waive any defects when, in their opinion, such is in the best interest of the EUTF and State of Hawaii.

The undersigned certifies that this proposal is not in violation of Section 84-15, Hawaii Revised Statutes, concerning prohibited State contracts, and is certifying that the price(s) submitted was (were) independently arrived at without collusion.

The undersigned represents: **(Check ☒ one only)**

☐ A **Hawaii business** incorporated or organized under the laws of the State of Hawaii;
OR

☐ A **compliant Non-Hawaii business** not incorporated or organized under the laws of the State of Hawaii, but registered at the State of Hawaii Department of Commerce and Consumer Affairs Business Registration Division to do business in the State of Hawaii.

State of incorporation: _____

Offeror is:

☐ Sole Proprietor ☐ Partnership ☐ Corporation ☐ Joint Venture
☐ Other _____

Federal I.D. No.: _____

Hawaii General Excise Tax License I.D. No.: _____

Payment address (other than street address below): _____

City, State, Zip Code: _____

Business address (street address): _____

City, State, Zip Code: _____

Respectfully Submitted:

*Authorized Original Signature: _____

Name and Title (Please Type or Print): _____

**Exact Legal Name of Company (Offeror): _____

Date: _____

*Please attach to this page notarized evidence of the authority of this officer to submit a proposal on behalf of your organization.

**If Offeror is a "dba" or a "division" of a corporation, furnish the exact legal name of the corporation under which the awarded contract will be executed.